



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Wednesday, March 3, 2021**

**HB 6488, An Act Concerning The Office Of Health Strategy's Recommendations  
Regarding Various Revisions To Hospital Or Health System Facility Fees**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 6488, An Act Concerning The Office Of Health Strategy's Recommendations Regarding Various Revisions To Hospital Or Health System Facility Fees**. CHA opposes the bill.

Since early 2020, Connecticut's hospitals and health systems have been at the center of the global public health emergency, acting as the critical partner in the state's response to COVID-19. Hospitals expanded critical care capacity, stood up countless community COVID-19 testing locations, and are a critical component of the vaccine distribution plan. Through it all, hospitals and health systems have continued to provide high-quality care for everyone, regardless of ability to pay.

We must view every proposed bill with a focus on how it impacts our dedicated workforce.

Hospitals are not opposed to reporting information about facility fees, as we have been since 2014. But, we are opposed to the provisions of HB 6488 that create significant new burdens on our workforce without clear public policy benefits.

Even if the Committee believes now is the time to expand the regulatory burden on hospitals, the bill as drafted is problematic. For example:

- In two sections, HB 6488 requires hospitals to print notices in the top 15 languages spoken in the state as determined by the U.S. Census Bureau every ten years. This requirement is not tailored to the languages spoken in each hospital's community and creates unnecessary burden. When a similar requirement was included in federal law (before the Trump Administration relaxed the requirements), the U.S. Department of Health and Human Services allowed hospitals to utilize current census information to determine localized language needs and also provided a safe harbor list at the state level. In addition, the prior federal law required printing "tag lines" to direct patients to translation services, which most hospitals still include, but did not require the unnecessary burden of pre-printing or mailing the notices already translated into 15 different languages.

- On lines 226 to 234, inclusive, HB 6488 requires hospitals, in certain circumstances, to provide the Office of Health Strategy (OHS) with the number of patients notified, the manner in which they were notified, the method by which each patient was notified, and the date on which they were notified. It is unclear what the policy reason is for requiring such information. Hospitals will be required to establish a new and burdensome tracking system to comply with this requirement.
- On lines 286 to 295, inclusive, HB 6488 requires detailed information about patients requesting reduction in a facility fee. It is unclear how hospitals will be able to identify which patients are specifically requesting a reduction in a facility fee, creating further burden and complexity for building necessary new and extensive tracking systems.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.